

Foster Family Home - Corrective Action Report

Provider ID: 1-623555

Home Name: Nicerita Rabut, CNA

44-781 Kaneohe Bay Drive

Kaneohe

HI 96744

Review ID: 1-623555-7

Reviewer: Julie Hastings

Begin Date: 1/27/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)

Home inspection completed for a 2 person CCFFH recertification.

Corrective Action Report issued during home inspection with all written corrections due to CTA 2/27/2020

Foster Family Home

Client Care and Services

[11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)

No delegation for CG#2 for Client #2

Foster Family Home

Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)

No Fire Drill Documentation for July, August, September, October, November, December 2019

Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist:

Comment:

54.(c)(5)

Medication Administration Record does not match current MD orders for Client #2

Julie Hastings RN, BSN
Compliance Manager

Nicerita B. Rabut PCG
Primary Care Giver

1/27/2020
Date

1/27/2020
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Nicerita B. Rabut

CCFFH Address: 44-781 Kaneohe Bay Dr. Kaneohe, HI. 96744

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
48c3	CG # 2 is now delegated for client # 2	2/18/20	All caregivers will be delegated within 1 month of hire or new admission.
46a	Lapse cannot be corrected	1/27/20	Fire drills will be conducted monthly. Calendar placed on Refrigerator
54c5	New Medication Administration Record Received and is on client # 2 chart	2/18/20	Will have CMA RN Reconcile medication at monthly visit and update medication administration record.

Primary Caregiver's Signature: Nicerita B. Rabut

Print Name: Nicerita B. Rabut

Date of Signature: 2/18/2020